

Form 1099-MISC

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>AGOSTINO VON HASSELL UPPER SALEM, ROUTE 723 P.O. BOYCE BOX 225 BOYCE, VIRGINIA 22620</b>	
PAYER'S Federal identification number <b>080-60-0368</b>	RECIPIENT'S identification number <b>132-68-1092</b>
RECIPIENT'S name, address, and ZIP code <b>SHERILYN KULESH SHERILYN KULESH DESIGN 17 STRINGER DRIVE DOYLESTOWN, PA 18901</b>	
Account number (see instructions) <b>132681092/9</b>	

Form 1099-MISC 2005

## Miscellaneous Income

OMB No. 1545-0115

39-1808647

Department of Treasury -- IRS

1 Rents \$	2 Royalties \$	3 Other income \$
4 Fed. inc. tax withheld \$	5 Fishing boat proceeds \$	6 Medical and health care payments \$
7 Nonemployee compensation \$ <b>321.79</b>	8 Substitute payments in lieu of dividends/interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>
10 Crop insurance proceeds \$	11 <input type="checkbox"/>	12 <input type="checkbox"/>
13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$	15a Section 409A deferrals \$
15b Section 409A income..... \$		
16 State tax withheld \$	17 State/Payer's state no. \$	18 State income \$
Copy B For Recipient (keep for your records) This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		

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Copy 2 To be filed with recipient's state income tax return, when required.		

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NTF 2582013

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## Instructions to Recipients

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

**Amounts shown may be subject to self-employment (SE) tax.**

If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals. Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on Schedule C or C-EZ (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** Shows current year deferrals as a nonemployee under a section 409A nonqualified deferred compensation (NQDC) plan. Any earnings on current and prior year deferrals must also be reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

Form 1099-MISC

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PAYER'S federal identification number <b>080-60-0368</b>		2 Royalties \$	4 Fed. inc. tax withheld \$		
RECIPIENT'S identification number <b>132-68-1092</b>		3 Other income \$	5 Fishing boat proceeds \$		
RECIPIENT'S name, address, and ZIP code <b>SHERILYN KULESH SHERILYN KULESH DESIGN  17 STRINGER DRIVE DOYLESTOWN, PA 18901</b>		7 Nonemployee compensation \$ <b>2285.00</b>	8 Substitute payments in lieu of dividends or interest \$		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) <b>132681092/9</b>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
15a Section 409A deferrals \$		11	12		
15b Section 409A income \$		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
		16 State tax withheld \$	17 State/Payer's state no. \$		18 State income \$

**Instructions for Recipients**

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

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**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, & iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** For individuals, report on Schedule C or C-EZ (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

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**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** Shows current year deferrals as a nonemployee under a nonqualified deferred compensation (NQDC) plan that is subject to the requirements of section 409A. Any earnings on current and prior year deferrals are also reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

## Form 1099-MISC

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(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>THE REPTON GROUP, LLC</b> <b>399 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>		<b>1</b> Rents \$	OMB No. 1545-0115  <b>2003</b>	<b>Miscellaneous Income</b>  39-1908647 Department of the Treasury - IRS
		<b>2</b> Royalties \$	<b>Form 1099-MISC</b>	
		<b>3</b> Other income \$	<b>4</b> Fed. Inc. tax withheld \$	
PAYER'S Federal identification number <b>13-3746109</b>	RECIPIENT'S identification number <b>132-68-1092</b>	<b>5</b> Fishing boat proceeds \$	<b>6</b> Medical and health care payments \$	<b>Copy B For Recipient</b>  This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, and ZIP code <b>SHERILYN KULESH</b> <b>SHERILYN KULESH DESIGN</b>  <b>17 STRINGER DRIVE</b>  <b>DOYLESTOWN, PA 18901</b>		<b>7</b> Nonemployee compensation \$ <b>12601.50</b>	<b>8</b> Substitute payments in lieu of dividends or interest \$	
Account number (optional)		<b>9</b> Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	<b>10</b> Crop insurance proceeds \$	
		<b>11</b>	<b>12</b>	
		<b>13</b> Excess golden parachute payments \$	<b>14</b> Gross proceeds paid to an attorney \$	
<b>15</b>		<b>16</b> State tax withheld \$	<b>17</b> State/Payer's state no. \$	<b>18</b> State income \$

## Instructions to Recipients

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals.

Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report this amount on line 21 of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 30% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

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**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale. Report on line 21 of Form 1040.

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**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for line 61.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15.** Other information may be provided to you in box 15.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

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☐ VOID☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>THE REPTON GROUP, LLC</b> <b>399 PARK AVENUE</b> <b>NEW YORK, NY 10022</b>		1 Rents \$ 2 Royalties \$ 3 Other income \$ 4 Total \$	<b>Miscellaneous Income</b>  <b>Copy</b> <b>For Internal Revenue Service Center</b> <b>File with Form 1099</b>  <b>For Privacy Act and Paperwork Reduction Act Notice, see the 2002 General Instructions for Forms 1099, 1098, 5498, and W-2G</b>
PAYER'S Federal identification number <b>13-3746109</b>	RECIPIENT'S identification number <b>132-68-1092</b>	5 Other income \$ 6 Total \$	
RECIPIENT'S name <b>SHERILYN KULESH</b> <b>SHERILYN KULESH DESIGN</b>		7 Other income \$ 8 Total \$	
Recipient's address (including apt. no.) <b>17 STRINGER DRIVE</b> City and ZIP code <b>DOYLESTOWN, PA 18901</b>		9 Other income \$ 10 Total \$	
Recipient's number (optional) _____	2nd TIN entry _____	11 Other income \$ 12 Total \$	
1099-MISC		13 Other income \$ 14 Total \$	15 State income \$ 16 Total \$

Form 1099-MISC

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		2 Royalties \$	4 Fed. Inc. tax withheld \$	
		3 Other income \$	6 Medical and health care payments \$	
		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$	
PAYER'S Federal identification number <b>080-60-0368</b>	RECIPIENT'S identification number <b>132-68-1092</b>	7 Nonemployee compensation \$ <b>350.00</b>		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name, address, and ZIP code <b>SHERILYN KULESH SHERILYN KULESH DESIGN  17 STRINGER DRIVE DOYLESTOWN, PA 18901</b>		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$	
Account number (optional)		11	12	
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15		18 State income \$		

**Instructions to Recipients**

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**EXHIBIT I**

Form 1099-MISC

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THE REPTON GROUP, LLC  
399 PARK AVENUE  
NEW YORK, NY 10022

PAYER'S Federal identification number

13-3746109

RECIPIENT'S identification number

547-62-0866

RECIPIENT'S name, address, and ZIP code

Keith Crossley

46 Bank Street  
New York, NY 10014

Account number (see instructions)

Form 1099-MISC 2005

Miscellaneous Income

OMB No. 1545-0115

39-1908647

Department of Treasury — IRS

1 Rents	2 Royalties	3 Other income
\$	\$	\$
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\$	\$	\$
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\$ 3700.00	\$	<input type="checkbox"/>
10 Crop insurance proceeds	11	12
\$	\$	\$
13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	15a Section 408A deferrals
\$	\$	\$
15b Section 408A income		
\$		
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\$		\$
\$		\$

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NEW YORK, NY 10022

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Keith Crossley

46 Bank Street  
New York, NY 10014

Account number (see instructions)

Form 1099-MISC 2005

Miscellaneous Income

OMB No. 1545-0115

39-1908647

Department of Treasury — IRS

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15b Section 408A income		
\$		
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\$		\$
\$		\$

Copy 2

To be filed with recipient's state income tax return, when required.

5 FM15821

NTF 2582013

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**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 585, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on Schedule C or C-EZ (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

**Box 10.** Report this amount on line 6 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** Shows current year deferrals as a nonemployee under a section 408A nonqualified deferred compensation (NQDC) plan. Any earnings on current and prior year deferrals must also be reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 408A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

**EXHIBIT J**



**Costs Related to Shipping Book  
From California to New Orleans**

DATE	TO WHOM	AMOUNT	COMMENT
2-Jan-07	AMEX	\$1,964.25	Shipping
15-Sep-06	Logistics	\$654.62	Handling Charge
15-Sep-06	Logistics	\$511.30	Inland Charge
2-Feb-07	Logistics	\$4,000.00	Shipping
		\$7,130.17	

**LOGISTICS**

18601 SOUTH SUSANA ROAD, SUITE A, RANCHO DOMINGUEZ, CA 90221  
 TEL: 1-310-808-0860 FAX: 1-310-808-0861

UNIVERSITY PRESS OF THE SOUTH, INC  
 P: 504/866-2750

**INVOICE**

INVOICE NO. : SI160900228  
 SALESMAN :  
 ISSUE DATE : 15 Sep 2006  
 JOB NO. : SI1609000044  
 CST REF NO. :

PRINT DATE: 06 Feb 2007 17:46:15

ATTN:  
 EMAIL:

VESSEL/VOYAGE: OOCL LONG BEACH / V.26235  
 LOAD: HONG KONG  
 DISH: LONG BEACH  
 DEST: LONG BEACH

ETD: 04 Sep 2006 ETA: 15 Sep 2006

HBL: HRLGB6090032  
 CONTAINER NO. SEAL NO. SIZE CONTAINER NO. SEAL NO. SIZE  
 TTNU5527939 40'

- CFS : 314 CARTON(S) 5,865.00 KGS 10.260 CBM  
 DEST: LONG BEACH

**DESCRIPTION**

			AMOUNT
HANDLING CHARGE	USD 50.000/SET x 1.000	1.000000	USD 50.00
ADVANCE MANIFEST SECURITY FEE	USD 25.000/B/L x 1.000	1.000000	USD 25.00
DDC FEE	USD 288.310/SHPT x 1.000	1.000000	USD 288.31
ENTRY FEE	USD 125.000/SHPT x 1.000	1.000000	USD 125.00
DUTY FEE	USD 56.310/SHPT x 1.000	1.000000	USD 56.31
BONDS TO CUSTOM	USD 110.000/SHPT x 1.000	1.000000	USD 110.00
Total: USD			654.62

TOTAL: US DOLLARS SIX HUNDRED FIFTY-FOUR AND CENTS SIXTY-TWO ONLY

PREPARED BY: JULISA

PAYMENT SHOULD BE MADE IN  
 CROSSED CHECK PAYABLE TO:  
 LOGISTICS WORLDWIDE (USA), INC  
 OFFICIAL RECEIPT WILL BE MADE UPON PAYMENT

FOR AND ON BEHALF OF  
 LOGISTICS WORLDWIDE (USA), INC

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

E.S.O.E.

# THE REPTON GROUP, LLC ☐☐☐

February 13, 2007

Via E-Mail and Regular Mail

Julisa Orellane  
Logistics Worldwide USA  
18601 S. Susana Road  
Suite A  
Rancho Dominguez, CA 90221

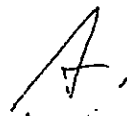
Dear Julisa:

Enclosed with this letter is check number 4277 for \$654.62 made out to Logistics Worldwide USA.

By endorsing and depositing this check you agree as follows:

- This is a voluntary payment for additional charges but does not impact the conditions attached to a prior check sent of January 15, 2007. Those conditions were stated as follows:
  - \$4,000.00 is the only payment expected from us. There will be no other charges – either for handling or for shipping and that this constitutes the entire payment due to you.
  - That on any other charges you will be in touch with Frederick Lo. He indicated in an e-mail that he was agreeable to this and considers the amount of \$4,000.00 to be reasonable.

Sincerely,



Agostino von Hassell

Enclosure:  
Check 4277 for \$654.62  
Copy to Frederick Lo

REPTON GROUP, LLC  
New York, NY 10017  
212.691.1100

REPTON OFFICES  
Washington, DC

New Jersey

London, UK

Lisbon, Portugal

Sofia, Bulgaria

Amman, Jordan

Logistics Worldwide USA

\$654.62 13-Feb-07 4277

\*031000040\*  
03/29/2007  
6114737610

This is a LEGAL COPY of  
your check. You can use it  
the same way you would  
use the original check.

0809E9206  
03/28/2007  
054001237

THE REPTON GROUP LLC		4277
PAY TO THE ORDER OF	Logistics Worldwide	DATE Feb. 13, 2007
	with interest	\$ 654.62
		DOLLARS
CHASE		
JPMorgan Chase Bank, N.A.		
New York, NY 10017		
FOR		
⑈004277⑈ ⑈021000021⑈00619011⑈		

⑈004277⑈

⑈021000021⑈

00619011⑈

⑈0000065462⑈

Logistics Worldwide USA

\$654.62 13-Feb-07

4277

↑ Do not endorse or write below this line. ↑

122000166 03/29/2007  
6126406141  
\*031000040\* 03/29/2007  
6215949235  
\*031000040\* 03/29/2007  
6114737610

PAY TO THE ORDER OF  
UNITED COMMERCIAL BANK  
TEMPLE CITY, CA 91780  
32086142  
FOR DEPOSIT ONLY  
GALLOP FARGO LOGISTICS, INC.  
DIAL LOGISTICS WORLDWIDE USA, INC.  
63786755

>321070450< 03/26/2007  
902636860

1010240 03/28/07 UCB = 321070450<

001 254 00  
03292807  
R21009921

110031007

270118552

Logistics Worldwide USA \$4,000.00 15-Jan-07 4257

\*031000040\*  
02/16/2007  
6615737936

This is a LEGAL COPY of  
your check. You can use it  
the same way you would  
use the original check.

02/15/2007  
9025469330

THE REPTON GROUP LLC		4257
PAY TO THE ORDER OF	Logistics worldwide USA	DATE 1/15/07
FOR	Jan 15 2007	\$ 4000.00
CHASE JPMorgan Chase Bank, N.A. Park Avenue New York, NY 10017		DOLLARS
A. J. Hansen		
#004257# 021000021:006190111#		

#004257#

4:021000021:

006190111#

#0000400000#



Logistics Worldwide USA

\$4,000.00	15-Jan-07	4257
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**Abstract**

10/23/79

↑ Do not endorse or write below line.↑

122000166 02/16/2007  
6327507319  
\*031000040\* 02/16/2007  
6515758290  
\*031000040\* 02/16/2007  
6615737936

**PAY TO THE ORDER OF  
UNITED COMMERCIAL BANK  
TEMPLE CITY, CA 91760  
322066142**

>321070450< 02/15/2007  
9025469330

0012450 021507 JCS - 321070450

001 0220 03

January 2, 2007

Page 3

Copy of charge being paid

Sender Information		Shipment Details	
ROLAND AQUINO		Shipment Date	10/03/2006
STG		Payment Type	Third Party
1650 S. CENTRAL AVE.		Service Type	FedEx Standard
COMPTON CA 90220		Region Code	Overnight
US		Package Type	07
		Pieces	Customer Packaging
		Rated Weight	1
		Bundle ID	64.0 lbs
		Meter No	3379658
		Declared Value	3456540
			0.00
Recipient Information		Charges	
UNIVERSITY PRESS OF SOUTH-		Transportation	
ROO		Charge	191.35
4700 TCHOUPITOU LIS ST.		Fuel Surcharge	1750.90
NEW ORLEANS, LA 70115		Courier Pickup	4.00
US		Charge	0.00
		Weekday Delivery	USD \$ 1946.25
		Total Charges	
Original Reference		Proof of Delivery	
Customer	191925-6	Delivery Date	10/04/2006 10:50
Reference#	SPEEDMARK	Service Area	A1
Department#		Code	STORAGE ROOM
RMA#		Signed By	5005
Reference #2			
Reference #3			

Card XXX-XXXX-XXXX  
1003/06 FEDEX #655554460515 CLOSTER NJ

1,948.25

191925-8 SPEEDMAR 70115  
TO: UNIVERSITY PRESS OF SOUTH-FLO LA  
FROM: ROLAND AQUINO 90220  
001 STANDARD PKG 64LB AWB655554460515  
FEDEX CUSTOMER SERVICE #1-800-622-1147  
ROC No. 9854460515  
SIGN & TRAVEL / EXTENDED PAYMENT OPTION

246.75

10/10/06 FEDEX #655231715000 CLOSTER NJ

10004  
TO: FRANCES TAVERN MUSEUM NY  
FROM: DR ALAIN SAINT SVENI 70115  
002 STANDARD PKG 64LB AWB655231715000  
FEDEX CUSTOMER SERVICE #1-800-622-1147  
ROC No. 9231715000  
SIGN & TRAVEL / EXTENDED PAYMENT OPTION  
CAFETERIA-HUDSON HOTEL NEW YORK NY  
FOOD AND BEVERAGE  
SIGN & TRAVEL / EXTENDED PAYMENT OPTION

129.46

Continued on next page

# THE REPTON GROUP, LLC

November 15, 2006

TO: Julisa Orellane  
Logistics Worldwide (USA) Inc

FROM: Agostino von Hassell

SUBJECT: Book Shipment Issues

Let me quickly respond to you e-mail of yesterday:

Dear Mr. Von Hassell,  
I will give you a call tomorrow morning. Regarding this shipment. Shipment didn't clear custom until 10/29/06 in the afternoon. On Sept. 30th I called Lisa to inform her the shipment was clear and that I needed a letter from her stating that you needed 72 boxes to go overnight. I didn't get this letter until Oct. 02nd. I inform you there will be some warehouse charge not my charge but warehouse for segregation etc. I received a letter from you stating to charge your American Express Card. We used your Fedex account with minds you should check these charges. Yes I inform you of warehouse charges. Which I have billed you already. I did release 239 carton that arrive in New Orleans already.

Fredrick inland charges are \$511.30

I will call you tomorrow.

Best regards,  
Julisa O.@ LWW USA

Please do note that your statements are somewhat in-accurate.

**LOGISTICS**

12601 SOUTH SUSANA ROAD, SUITE A, RANCHO DOMINGUEZ, CA 91761  
 TEL: 1-310-808-0860 FAX: 1-310-808-0862

**INVOICE**

PARAMOUNT PRINTING CO LTD  
 C/O RAINBOW GRAPHIC & PRINTING  
 3 CHOW KWONG ST. TKO IND. EST  
 TKO, NT. HK

INVOICE NO. : 31160900207  
 SALESMAN :  
 ISSUE DATE : 15 Sep 2006  
 JOB NO. : 31609000044  
 CST REF NO. :

ATTN:  
 EMAIL:

PRINT DATE: 28 Nov 2006 12:36:21

VESSEL/VOYAGE: OOCL LONG BEACH / V.26235  
 LOAD: HONG KONG  
 DISH: LONG BEACH  
 DEST: LONG BEACH

ETD: 04 Sep 2006 ETA: 15 Sep 2006

HBL: HRLGB6090032  
 - CFS: 314 CARTON(S) 5,865.00 KGS 10.260 CBM  
 DEST: LONG BEACH  
 CONTAINER NO. SEAL NO. SIZE CONTAINER NO. SEAL NO. SIZE  
 TCU5527939 40'

**DESCRIPTION**

DESCRIPTION	AMOUNT
INLAND CHARGE	USD 511.300/SHPT x 1.000
	1.000000 USD 511.30
	Total: USD 511.30

TOTAL: US DOLLARS FIVE HUNDRED ELEVEN AND CENTS THIRTY ONLY

PREPARED BY: JULISA

PAYMENT SHOULD BE MADE IN  
 CROSSED CHEQUE PAYABLE TO:  
 LOGISTICS WORLDWIDE (USA), INC  
 OFFICIAL RECEIPT WILL BE MADE UPON PAYMENT

FOR AND ON BEHALF OF  
 LOGISTICS WORLDWIDE (USA), INC

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

T.E.O.E.

**EXHIBIT K**



UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X	:	
CHRISTINA AUGUSTIN VON HASSELL a/k/a	:	
AGOSTINO VON HASSELL,	:	
	:	07 Civ. 3477 (LAK)
Plaintiff,	:	
	:	
- against -	:	
	:	<b><u>DECLARATION</u></b>
ALAIN SAINT-SAENS and UNIVERSITY	:	
PRESS OF THE SOUTH, INC.,	:	
	:	
Defendants.	:	
-----X	:	

Robert Solomon says:

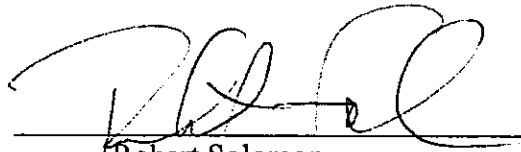
1. I am an attorney duly admitted to practice law in the State of New York, and I make this declaration in support of Plaintiff's application for damages in the above-entitled case. I am fully familiar with the facts set forth herein.

2. During the period for November 2006 to August 2007 (the "Period"), I provided legal services to Agostino von Hassell in connection with his book entitled Military High Life: Elegant Food Industries and Recipes (the "Book"). These services included advising Mr. von Hassell about issues relating to a publishing agreement he signed relating to the Book, negotiating proposed revisions to that publishing agreement with the publisher, defendant University Press of the South, Inc., drafting revised publishing agreements, advising Mr. von Hassell regarding distribution and copyright issues relating to the Book and the publishing agreement, discussions with defendants regarding their compliance with the terms of the publishing agreement, and analyzing and advising on various legal issues relating to the publishing agreement and Mr. von Hassell's dealings with both defendants.

3. I have reviewed my billing statements for these matters. Based on my review, Mr. von Hassell paid to me a total of \$14,420.50 for legal services relating to the Book as summarized above. I have attached hereto as Exhibit A redacted copies of my billing statements reflecting that I billed Mr. von Hassell and that he paid me such amounts. (These statements also reflect additional amounts billed to him for other services.) I have redacted these billing statements in the interest of ensuring that the attorney-client privilege is maintained.

4. I declare under the penalty of perjury that the foregoing statements set forth herein are true and correct.

Executed on: March 16, 2008



Robert Solomon

EXHIBIT A

Robert N. Solomon, Esq.  
 1212 Avenue of the Americas  
 18th Floor  
 New York, NY 10036

November 30, 2006  
 Bill Number 00252  
 File Number 015837-00100

Agostino von Hassell  
 The Repton Group LLC  
 399 Park Avenue  
 26th Floor  
 New York, New York 10022

Re: General Representation

**For Professional Services**

11/17/2006 RNS

11/21/2006 RNS

11/28/2006 RNS

11/29/2006 RNS

11/30/2006 RNS

Total Legal Services \$1,755.00

Total New Charges \$1,765.00

Previous Balance \$0.00

11/17/2006 Payment Retainer \$-2,500.00

REDACTED

Robert N. Solomon, Esq.  
1212 Avenue of the Americas  
18th Floor  
New York, NY 10036

December 31, 2006  
Bill Number 00285  
File Number 015837-00100

Agostino von Hassell  
The Repton Group LLC  
399 Park Avenue  
26th Floor  
New York, New York 10022

Re: General Representation

***For Professional Services***

12/01/2006 RNS

12/04/2006 RNS

12/05/2006 RNS

12/06/2006 RNS

12/07/2006 RNS

12/08/2006 RNS

12/11/2006 RNS

12/12/2006 RNS

12/14/2006 RNS

12/15/2006 RNS

12/18/2006 RNS

12/19/2006 RNS

12/20/2006 RNS

12/21/2006 RNS

REDACTED

Total Hours	13.40
Total Legal Services	\$6,030.00

Robert N. Solomon, Esq.  
 1212 Avenue of the Americas  
 18th Floor  
 New York, NY 10036

January 31, 2007  
 Bill Number 00353  
 File Number 015837-00100

Agostino von Hassell  
 The Repton Group LLC  
 399 Park Avenue  
 26th Floor  
 New York, New York 10022

Re: General Representation

**For Professional Services**

1/03/2007 RNS

1/04/2007 RNS

1/05/2007 RNS

1/15/2007 RNS

1/22/2007 RNS

1/26/2007 RNS

1/31/2007 RNS

Total Hours	3.30
Total Legal Services	\$1,485.00

Total New Charges

\$1,485.00

1/22/2007 Payment

\$-5,000.00

Total Payments and Credits

\$-5,000.00

EDACTED



**Disbursements**

Phone calls with publisher

\$2.50

Total Expenses

\$2.50

Total New Charges

\$6,032.50

12/18/2006 Payment

\$-2,500.00

REDACTED

Robert N. Solomon, Esq.  
 1212 Avenue of the Americas  
 18th Floor  
 New York, NY 10036

February 28, 2007  
 Bill Number 00431  
 File Number 015837-00100

Agostino von Hassell  
 The Repton Group LLC  
 399 Park Avenue  
 26th Floor  
 New York, New York 10022

Re: General Representation

**For Professional Services**

2/06/2007 RNS

2/07/2007 RNS

2/12/2007 RNS

2/13/2007 RNS

2/26/2007 RNS

2/28/2007 RNS

Total Hours	3.20
Total Legal Services	\$1,440.00

**Disbursements**

	\$1.00
	\$7.00
Total Expenses	\$8.00

Total New Charges	\$1,448.00
-------------------	------------

-

2/21/2007 Payment	\$-2,000.00
-------------------	-------------

Total Payments and Credits	\$-2,000.00
----------------------------	-------------

REDACTED

Robert N. Solomon, Esq.  
 1212 Avenue of the Americas  
 18th Floor  
 New York, NY 10036

March 31, 2007

Bill Number 00453

File Number 015837-00100

Agostino von Hassell  
 The Repton Group LLC  
 399 Park Avenue  
 26th Floor  
 New York, New York 10022

Re: General Representation

***For Professional Services***

3/05/2007 RNS

3/06/2007 RNS

3/14/2007 RNS

3/15/2007 RNS

3/16/2007 RNS

3/19/2007 RNS

3/21/2007 RNS

3/26/2007 RNS

Total Hours	4.50
Total Legal Services	\$2,025.00

Total New Charges

\$2,025.00

3/19/2007 Payment

\$-1,000.00

Total Payments and Credits

\$-1,000.00

REDACTED

Robert N. Solomon, Esq.  
1212 Avenue of the Americas  
18th Floor  
New York, NY 10036

April 30, 2007  
Bill Number 00548  
File Number 015837-00100

Agostino von Hassell  
The Repton Group LLC  
399 Park Avenue  
26th Floor  
New York, New York 10022

Re: General Representation

***For Professional Services***

4/02/2007 RNS

	1.20
Total Hours	1.20
Total Legal Services	\$540.00

Total New Charges

---

\$540.00

---

---

REDACTED

Robert N. Solomon, Esq.  
1212 Avenue of the Americas  
18th Floor  
New York, NY 10036

July 31, 2007  
Bill Number 00777  
File Number 015837-00100

Agostino von Hassell  
The Repton Group LLC  
399 Park Avenue  
26th Floor  
New York, New York 10022

Re: General Representation

**For Professional Services**

7/19/2007 RNS

7/19/2007 RNS

7/20/2007 RNS

7/23/2007 RNS

7/23/2007 RNS

7/25/2007 RNS

7/27/2007 RNS

7/31/2007 RNS

Total Hours	8.10
Total Legal Services	\$3,645.00

**Disbursements**

	\$2.00
Total Expenses	\$2.00

Total New Charges

\$3,647.00

REDACTED

Robert N. Solomon, Esq.  
 1212 Avenue of the Americas  
 18th Floor  
 New York, NY 10036

August 31, 2007  
 Bill Number 00902  
 File Number 015837-00100

Agostino von Hassell  
 The Repton Group LLC  
 399 Park Avenue  
 26th Floor  
 New York, New York 10022

Re: General Representation

**For Professional Services**

8/01/2007 RNS

8/02/2007 RNS

8/03/2007 RNS

8/09/2007 RNS

8/10/2007 RNS

8/13/2007 RNS

Total Hours	3.20
Total Legal Services	\$1,440.00

**Disbursements**

	\$3.00
Total Expenses	\$3.00

Total New Charges	\$1,443.00
-------------------	------------

REDACTED



# Rainbow

**Rainbow Graphic & Printing Company Limited**  
 彩虹製版印刷有限公司  
 a wholly-owned subsidiary of Next Media Limited  
 壹傳媒有限公司全資附屬公司

8 Chun Ying Street, 4/F.  
 Tseung Kwan O Ind. Estate  
 Kowloon, Hong Kong  
 Telephone: (852) 2752-3418  
 Facsimile: (852) 2897-4890  
 香港九龍將軍澳工業邨西康街8號4樓

## INVOICE

Messrs. Contacto Atlantico

Invoice No. 0609004A

AV. Marginal 6912,  
 2765-587 Estoril, 2765-588 Portugal

Date: 4 September 2006

Attn: Agostino von Hassell

Quantity	Description	Unit Price	Amount
No.P/617971+A	Film Making & Printing For :-		
No.P/810056	Military High Life		
No.P/124523	1,000cps		US\$ 4,350.00
U. S. DOLLARS FOUR THOUSAND THREE HUNDRED FIFTY ONLY.		TOTAL	US\$ 4,350.00

For and on behalf of  
**Rainbow Graphic & Printing Co., Ltd.**

Terms of Payment ~~XXXXXXXXXXXX~~ days from the above date/C.O.D.

Interest of 1% per month will be charged to all overdue amount.

Cheque should be crossed and paid to the order of **Rainbow Graphic & Printing Co., Ltd.**

*Agostino von Hassell*

# Rainbow

**Rainbow Graphic & Printing Company Limited**

彩虹製版印刷有限公司

a wholly-owned subsidiary of Next Media Limited

壹傳媒有限公司全資附屬公司

8 Chun Ying Street, 4/F,  
Tseung Kwan O Ind. Estate  
Kowloon, Hong Kong  
Telephone: (852) 2752-3418  
Facsimile: (852) 2897-4890  
香港九龍將軍澳工業邨西康街8號4樓

## INVOICE

**Messrs. The Repton Group LLC**

399 Park Avenue, 26th Floor,

New York, NY 10022, USA

Attn: Agostino von Hassell

Invoice No. 0609004B

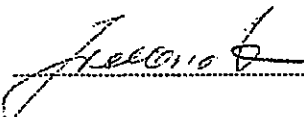
Date: 4 September 2006

Quantity	Description	Unit Price	Amount
No.P/617971+A	Film Making & Printing For :-		
No.P/810056	Military High Life		
No.P/124523	5,000cps		US\$ 21,750.00
	Run-on 40 copies		US\$ 140.00
	Barcode for Cover		US\$ 8.00
	Film correction on July 30		US\$ 182.00
	Courier 40 copies to 4 destination		US\$ 400.00
	1,000 copies sea-freight to Portugal		US\$ 350.00
U. S. DOLLARS TWENTY-TWO THOUSAND EIGHT HUNDRED THIRTY ONLY. TOTAL			US\$ 22,830.00

For and on behalf of  
**Rainbow Graphic & Printing Co., Ltd.**

Terms of Payment within 30 days from the above date/C.O.D.

Interest of 1% per month will be charged to all overdue amount.

Cheque should be crossed and paid to the order of **Rainbow Graphic & Printing Co., Ltd.**


# Rainbow

**Rainbow Graphic & Printing Company Limited**

彩虹製版印刷有限公司

a wholly-owned subsidiary of Next Media Limited

壹傳媒有限公司全資附屬公司

8 Chun Ying Street, 4/F.

Tseung Kwan O Ind. Estate

Kowloon, Hong Kong

Telephone: (852) 2752-3418

Facsimile: (852) 2897-4890

香港九龍將軍澳工業邨西康街8號4樓

## INVOICE

**Messrs. The Repton Group LLC**

399 Park Avenue, 26th Floor,

New York, NY 10022, USA

Attn: Agostino von Hassell

Invoice No. 0604001

Date: 10 April 2006

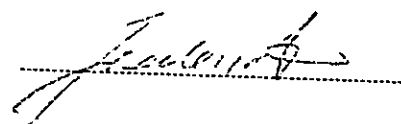
Quantity	Description	Unit Price	Amount
No.P/617655	Film Making & Proof For :- Military High Class Book 5 pages 4C x two kind of paper stock  Payment by Telegraphic transfer Banker: HSBC Swift No.: HSBCHKHHHKH Bank Address: 673 Nathan Road, H.K. Account No.: 534-089-313-274 Account Name: Rainbow Graphic & Printing Co Ltd		US\$ 250.00
U. S. DOLLARS TWO HUNDRED FIFTY ONLY.		TOTAL	US\$ 250.00

For and on behalf of  
**Rainbow Graphic & Printing Co., Ltd.**

Terms of Payment within 30 days from the above date/C.O.D.

Interest of 1% per month will be charged to all overdue amount.

Cheque should be crossed and paid to the order of Rainbow Graphic &amp; Printing Co., Ltd.



**EXHIBIT L**

Form <b>1099-MISC</b> <input type="checkbox"/> CORRECTED (if checked)		Form <b>1099-MISC 2005</b>		OMB No. 1545-0115 39-1008647																																													
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>AGOSTINO VON HASSELL</b> <b>UPPER SALEM, ROUTE 723</b> <b>P.O. BOYCE BOX 225</b> <b>BOYCE, VIRGINIA 22620</b>		<b>Miscellaneous Income</b> Department of Treasury -- IRS																																															
PAYER'S Federal identification number <b>080-60-0368</b>		RECIPIENT'S identification number <b>117-52-0869</b>																																															
RECIPIENT'S name, address, and ZIP code <b>HARRY MCMANN</b>  <b>408 LAKEWOOD AVENUE</b> <b>BALTIMORE, MD 21224</b>																																																	
Account number (see instructions)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1 Rents</td> <td style="width: 33%;">2 Royalties</td> <td style="width: 33%;">3 Other income</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>4 Fed. inc. tax withheld</td> <td>5 Fishing boat proceeds</td> <td>6 Medical and health care payments</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>7 Nonemployee compensation</td> <td>8 Substitute payments in lieu of dividends/ interest</td> <td>9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale</td> </tr> <tr> <td>\$ <b>1000.00</b></td> <td>\$</td> <td><input type="checkbox"/></td> </tr> <tr> <td>10 Crop insurance proceeds</td> <td>11</td> <td>12</td> </tr> <tr> <td>\$</td> <td></td> <td></td> </tr> <tr> <td>13 Excess golden parachute payments</td> <td>14 Gross proceeds paid to an attorney</td> <td>15a Section 409A deferrals</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="3">15b Section 409A income</td> </tr> <tr> <td colspan="3">\$</td> </tr> <tr> <td>16 State tax withheld</td> <td>17 State/Payer's state no.</td> <td>18 State income</td> </tr> <tr> <td>\$</td> <td></td> <td>\$</td> </tr> <tr> <td>\$</td> <td></td> <td>\$</td> </tr> </table>			1 Rents	2 Royalties	3 Other income	\$	\$	\$	4 Fed. inc. tax withheld	5 Fishing boat proceeds	6 Medical and health care payments	\$	\$	\$	7 Nonemployee compensation	8 Substitute payments in lieu of dividends/ interest	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	\$ <b>1000.00</b>	\$	<input type="checkbox"/>	10 Crop insurance proceeds	11	12	\$			13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	15a Section 409A deferrals	\$	\$	\$	15b Section 409A income			\$			16 State tax withheld	17 State/Payer's state no.	18 State income	\$		\$	\$		\$
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Form <b>1099-MISC</b> <input type="checkbox"/> CORRECTED (if checked)		Form <b>1099-MISC 2005</b>		OMB No. 1545-0115 39-1008647																																													
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>AGOSTINO VON HASSELL</b> <b>UPPER SALEM, ROUTE 723</b> <b>P.O. BOYCE BOX 225</b> <b>BOYCE, VIRGINIA 22620</b>		<b>Miscellaneous Income</b> Department of Treasury -- IRS																																															
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<b>Copy 2</b> To be filed with recipient's state income tax return, when required.																																																	

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## Instructions to Recipients

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

### Amounts shown may be subject to self-employment (SE) tax.

If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals. Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

**Boxes 1 and 2.** Report rents from real estate on Schedule E (Form 1040). If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on Schedule C or C-EZ (Form 1040). For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on Schedule C or C-EZ (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** Shows current year deferrals as a nonemployee under a section 409A nonqualified deferred compensation (NQDC) plan. Any earnings on current and prior year deferrals must also be reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 409A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.

Form 1099-MISC		<input type="checkbox"/> CORRECTED (if checked)	Form 1099-MISC 2005		OMB No. 1545-0115 39-1908647
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>THE REPTON GROUP, LLC 399 PARK AVENUE NEW YORK, NY 10022</b>			Department of Treasury -- IRS		
PAYER'S Federal identification number <b>13-3746109</b>		RECIPIENT'S identification number <b>117-52-0869</b>		1 Rents \$	
RECIPIENT'S name, address, and ZIP code <b>Harry McMann 408 Lakewood Avenue Baltimore, MD 21224</b>			2 Royalties \$		
Account number (see instructions)			3 Other income \$		
			4 Fed. inc. tax withheld \$		
			5 Fishing boat proceeds \$		
			6 Medical and health care payments \$		
			7 Nonemployee compensation \$ <b>5300.00</b>		
			8 Substitute payments in lieu of dividends/interest \$		
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
			10 Crop insurance proceeds \$		
			11 <input type="checkbox"/>		
			12 <input type="checkbox"/>		
			13 Excess golden parachute payments \$		
			14 Gross proceeds paid to an attorney \$		
			15a Section 408A deferrals \$		
			15b Section 408A income \$		
			16 State tax withheld \$		
			17 State/Payer's state no. \$		
			18 State income \$		
			Copy B For Recipient (keep for your records) This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.		

Form 1099-MISC		<input type="checkbox"/> CORRECTED (if checked)	Form 1099-MISC 2005		OMB No. 1545-0115 39-1908647
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>THE REPTON GROUP, LLC 399 PARK AVENUE NEW YORK, NY 10022</b>			Department of Treasury -- IRS		
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RECIPIENT'S name, address, and ZIP code <b>Harry McMann 408 Lakewood Avenue Baltimore, MD 21224</b>			2 Royalties \$		
Account number (see instructions)			3 Other income \$		
			4 Fed. income tax withheld \$		
			5 Fishing boat proceeds \$		
			6 Medical and health care payments \$		
			7 Nonemployee compensation \$ <b>5300.00</b>		
			8 Substitute payments in lieu of dividends/interest \$		
			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>		
			10 Crop insurance proceeds \$		
			11 <input type="checkbox"/>		
			12 <input type="checkbox"/>		
			13 Excess golden parachute payments \$		
			14 Gross proceeds paid to an attorney \$		
			15a Section 408A deferrals \$		
			15b Section 408A income \$		
			16 State tax withheld \$		
			17 State/Payer's state no. \$		
			18 State income \$		
			Copy 2 To be filed with recipient's state income tax return, when required.		

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### Instructions to Recipients

**Account number.** May show an account or other unique number the payer assigned to distinguish your account.

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If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on Schedule SE (Form 1040). See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see Form 1040-ES, Estimated Tax for Individuals. Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

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**Box 3.** Generally, report this amount on the "Other income" line of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. See Pub. 525, Taxable and Nontaxable Income. If it is trade or business income, report this amount on Schedule C, C-EZ, or F (Form 1040).

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number. See Form W-9, Request for Taxpayer Identification Number and Certification, for more information. Report this amount on your income tax return as tax withheld.

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on Schedule C or C-EZ (Form 1040). See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on Schedule C or C-EZ (Form 1040).

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on Schedule C, C-EZ, or F (Form 1040), and complete Schedule SE (Form 1040). You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of Form 1040 and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf as a result of a loan of your securities. Report on the "Other income" line of Form 1040.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on Schedule C or C-EZ (Form 1040).

**Box 10.** Report this amount on line 8 of Schedule F (Form 1040).

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the Form 1040 instructions for where to report.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15a.** Shows current year deferrals as a nonemployee under a section 408A nonqualified deferred compensation (NQDC) plan. Any earnings on current and prior year deferrals must also be reported.

**Box 15b.** Shows income as a nonemployee under a NQDC plan that does not meet the requirements of section 408A. This amount is also included in box 7 as nonemployee compensation. Any amount included in box 15a that is currently taxable is also included in this box. This income is also subject to a substantial additional tax to be reported on Form 1040. See "Total Tax" in the Form 1040 instructions.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.



Form **1099-MISC**☐ CORRECTED (if checked)

(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>AGOSTINO VON HASSELL</b> <b>UPPER SALEM, ROUTE 723</b> <b>P.O. BOYCE BOX 225</b> <b>BOYCE, VIRGINIA 22620</b>		1 Rents \$	OMB No. 1545-0115  <b>2003</b> Form 1099-MISC	<b>Miscellaneous Income</b>  39-1908847 Department of the Treasury -- IRS  <b>Copy B</b> <b>For Recipient</b>
PAYER'S Federal identification number <b>080-60-0368</b>		2 Royalties \$	3 Other income \$	
RECIPIENT'S identification number <b>117-52-0869</b>		4 Fed. inc. tax withheld \$	5 Fishing boat proceeds \$	
RECIPIENT'S name, address, and ZIP code <b>HARRY MCMANN</b>  <b>408 LAKEWOOD AVENUE</b>  <b>BALTIMORE, MD 21224</b>		6 Medical and health care payments \$	7 Nonemployee compensation \$ <b>2369.84</b>	
Account number (optional) <b>15</b>		8 Substitute payments in lieu of dividends or interest \$	9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
		10 Crop insurance proceeds \$	11	
		12	13 Excess golden parachute payments \$	
		14 Gross proceeds paid to an attorney \$	15	
		16 State tax withheld \$	17 State/Payer's state no. ---	18 State income \$

**Instructions to Recipients**

**Amounts shown may be subject to self-employment (SE) tax.** If your net income from self-employment is \$400 or more, you must file a return and compute your SE tax on **Schedule SE (Form 1040)**. See Pub. 533, Self-Employment Tax, for more information. If no income or social security and Medicare taxes were withheld and you are still receiving these payments, see **Form 1040-ES**, Estimated Tax for Individuals.

Individuals must report as explained below. Corporations, fiduciaries, or partnerships report the amounts on the proper line of your tax return.

**Boxes 1 and 2.** Report rents from real estate on **Schedule E (Form 1040)**. If you provided significant services to the tenant, sold real estate as a business, or rented personal property as a business, report on **Schedule C or C-EZ (Form 1040)**. For royalties on timber, coal, and iron ore, see Pub. 544, Sales and Other Dispositions of Assets.

**Box 3.** Generally, report this amount on line 21 of Form 1040 and identify the payment. The amount shown may be payments received as the beneficiary of a deceased employee, prizes, awards, taxable damages, Indian gaming profits, or other taxable income. If it is trade or business income, report this amount on **Schedule C, C-EZ, or F (Form 1040)**.

**Box 4.** Shows backup withholding or withholding on Indian gaming profits. Generally, a payer must backup withhold at a 30% rate if you did not furnish your taxpayer identification number. See **Form W-9**, Request for Taxpayer Identification Number and Certification, for more information. **Report this amount on your income tax return as tax withheld.**

**Box 5.** An amount in this box means the fishing boat operator considers you self-employed. Report this amount on **Schedule C or C-EZ (Form 1040)**. See Pub. 595, Tax Highlights for Commercial Fishermen.

**Box 6.** Report on **Schedule C or C-EZ (Form 1040)**.

**Box 7.** Shows nonemployee compensation. If you are in the trade or business of catching fish, box 7 may show cash you received for the sale of fish. If payments in this box are SE income, report this amount on **Schedule C, C-EZ, or F (Form 1040)**, and complete **Schedule SE (Form 1040)**. You received this form instead of **Form W-2** because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes. Contact the payer if you believe this form is incorrect or has been issued in error. If you believe you are an employee, report this amount on line 7 of **Form 1040** and call the IRS for information on how to report any social security and Medicare taxes.

**Box 8.** Shows substitute payments in lieu of dividends or tax-exempt interest received by your broker on your behalf after transfer of your securities for use in a short sale. Report on line 21 of **Form 1040**.

**Box 9.** If checked, \$5,000 or more of sales of consumer products was paid to you on a buy-sell, deposit-commission, or other basis. A dollar amount does not have to be shown. Generally, report any income from your sale of these products on **Schedule C or C-EZ (Form 1040)**.

**Box 10.** Report this amount on line 8 of **Schedule F (Form 1040)**.

**Box 13.** Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See the **Form 1040** instructions for line 61.

**Box 14.** Shows gross proceeds paid to an attorney in connection with legal services. Report only the taxable part as income on your return.

**Box 15.** Other information may be provided to you in box 15.

**Boxes 16-18.** Shows state or local income tax withheld from the payments.





## INVOICE

No.

INVOICE DATE 8-27-02
CUSTOMER'S ORDER NO.

SOLD TO:  
 AGOSTINO VON HASSELL - FOR-MILITARY FOOD  
 2 SUTTON PL. SO.  
 NEW YORK, NY 10022

SHIP TO:

SALESPERSON:	SHIPPED VIA	TERMS	F.O.B.

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		FOOD, SUPPLIES		269 89
		STUDIO, LOCATION DAY	2 1/2	1100 00
		SHOPPING, PRE PRO DAY	1	250 00
		SUBTOTAL		1619 89
		PAID		1450 00
		DUE		169 89

adams NC2872

INVOICE SOC. SEC. # 117-52-0869

## INVOICE

No.

INVOICE DATE 10-28-02
CUSTOMER'S ORDER NO.

SOLD TO: AGOSTINO VON HASSELL - FOR - MILITARY FOOD NEW YORK, NY
--

SHIP TO:
----------

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.
-------------	-------------	-------	--------

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		STUDIO DAY (4)		1700.00
		HOTEL (2 DAYS)		126.99
		FOOD		198.99
		TOTAL		2024.98

adams NC2872

INVOICE

# INVOICE

No.

INVOICE DATE	1.03.03
CUSTOMER'S ORDER NO.	

SOLD TO:	THE REPTON GROUP - FOR - MILITARY FOOD
	399 PARK AVE, 20TH FLOOR
	NEW YORK NY 10022

SHIP TO:	

SALESPERSON	SHIPPED VIA	TERMS	F.O.B.
		NET 30	

QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		STUDIO TIME		4575 00
		PER DIEM		600 00
		SHOPPING PRE-PRO		150 00
		FOOD, SUPPLIES		94 03
		TRAVEL, LODGING		550 81
		TOTAL		5969 84
		PAID		3600 00
		DUE		2369 84

Thank  
Again

adams NC2872

INVOICE

**Harry McMann**  
 408 N. Lakewood Ave.  
 Baltimore, MD 21224-1112  
 ☎ 410.276.0816  
 www.food-styling.com

# Invoice

Invoice No. 704

Invoice Date: 3.19.07

For: Military Food

**Bill to:**

Agostino von Hassell  
 The Repton Group  
 399 Park Ave. 20th Floor  
 New York, NY 10022  
 212-750-0824

Description	Qty	Price	Extended Amount
Food/Supplies	1	\$264.89	\$264.89
Airfare	1	\$109.80	\$109.80
Car Rental	1	\$179.07	\$179.07
Hotel	1	\$399.10	\$399.10
Equipment Rental	1	\$37.77	\$37.77
Parking/Tolls	1	\$26.00	\$26.00
Shopping/Prep	1	\$550.00	\$550.00
Location Day	1	\$550.00	\$550.00
Per Diem	2	\$40.00	\$80.00
Subtotal	1	\$2196.63	\$2196.63
Paid	1	-\$1500.00	-\$1500.00

**Total Due: \$696.63**

Make check payable to: Harry McMann

*Thank you!*

# Assistants 2005

Jan. 3	Leslie J-B/ Food Book	2290.69	
Jan. 5	Harry McManus	2369.84	
Jan 7	MM Consult BVLGARA	625.00	
1 23	MM Consult	1825.00	7110.53
4 9	Leslie J-B/ Food Book	300.00	
6 6	Leslie J-B/ Food Book	589.21	
7 1	Leslie J-B/ Maneky	150.00	
9 3	Bucina Intel.	5500.00	
9 16	K. Hoelen 224-29-0808	3000.00	
9 26	Simone	10000.00	
9 26	S. Vankash	5000.00	
10 3	Teresa Cardo #1128	3000.00	24949.74
10 5	Yankuan 647-40-3553	2500.00	
11 5	K. Hoelen	300.00	
11 5	Leslie J-B	2000.00	27499.74
12 16	S. Vankash #1267	350.00	
12 19	Leslie J-B	500.00	
12 22	Tavon	1000.00	29349.74
12 30	MM Consult	1525.00	

# Assistants 2003

Jan. 3	Leslie J-B/ Food Book	2290.69	
Jan. 5	Harry McManus	2369.84	
Jan 7	MM Consult BVLGARA	625.00	
1 23	MM Consult	1825.00	7110.53
4 9	Leslie J-B/ Food Book	300.00	
6 6	Leslie J-B/ Food Book	589.21	
7 1	Leslie J-B/ Money	150.00	
9 3	Bureau Intel.	5500.00	
9 16	K. Hoelen 224-29-0808	300.00	
9 26	Simone	10000.00	
9 26	S. Van der	5000.00	
10 3	Teresa Cardo #1128	3000.00	24949.74
10 5	Youlman 647-40-3553	250.00	
11 5	K. Hoelen	300.00	
11 5	Leslie J-B	2000.00	27499.74
12 16	S. Kulesh #1267	350.00	
12 19	Leslie J-B	500.00	
12 22	Tavon	1000.00	29349.74
12 30	MM Consult	1525.00	

# INVOICE

**Harry McMann**  
 408 N. Lakewood Ave.  
 Baltimore, MD 21224-1112  
 ☎ 410.276.0816 📠 410.276.1485  
 www.food-styling.com

No.

INVOICE DATE	1.03.03
CUSTOMER'S ORDER NO.	

SOLD TO:  
 THE REPON GROUP - FOR - MILITARY FOOD  
 399 PARK AVE, 20TH FLOOR  
 NEW YORK NY 10022

SHIP TO:


SALESPERSON	SHIPPED VIA	TERMS NET 30	F.O.B.
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QTY. ORDERED	QTY. SHIPPED	DESCRIPTION	UNIT	AMOUNT
		STUDIO TIME		4575.00
		PER DIEM		600.00
		SHOPPING PRE-PRO		150.00
		FOOD, SUPPLIES		94.03
		TRAVEL, LODGING		550.81
		TOTAL		5969.84
		PAID		3600.00
		DUE		2369.84

*Thanks Again!*

adams NC2872

## INVOICE

Parking: 50.00  
 Tolls: 27.00  
 Gas: 18.75

Notes: Per your instructions, one extra day charged for Portugal for prep / travel. Day rate (NYC) 750.

**EXHIBIT M**



# Rainbow

**Rainbow Graphic & Printing Company Limited**  
 彩虹製版印刷有限公司  
 a wholly-owned subsidiary of Next Media Limited  
 壹傳媒有限公司全資附屬公司

8 Chun Ying Street, 4/F.  
 Tseung Kwan O Ind. Estate  
 Kowloon, Hong Kong  
 Telephone: (852) 2752-3418  
 Facsimile: (852) 2897-4890  
 香港九龍將軍澳工業邨西康路8號4樓

## INVOICE

Messrs. Contacto Atlantico  
AV. Marginal 6912,  
2765-587 Estoril, 2765-588 Portugal  
 Attn: Agostino von Hassell

Invoice No. 0609004A

Date: 4 September 2006

Quantity	Description	Unit Price	Amount
No.P/617971+A No.P/810056 No.P/124523	Film Making & Printing For :- Military High Life 1,000cps		US\$ 4,350.00
U. S. DOLLARS FOUR THOUSAND THREE HUNDRED FIFTY ONLY.		TOTAL	US\$ 4,350.00

For and on behalf of  
**Rainbow Graphic & Printing Co., Ltd.**

Terms of Payment within 30 days from the above date/C.O.D.

Interest of 1% per month will be charged to all overdue amount.

Cheque should be crossed and paid to the order of **Rainbow Graphic & Printing Co., Ltd.**

*Agostino von Hassell*

# Rainbow

**Rainbow Graphic & Printing Company Limited**

彩虹製版印刷有限公司

a wholly-owned subsidiary of Next Media Limited

壹傳媒有限公司全資附屬公司

8 Chun Ying Street, 4/F.

Tseung Kwan O Ind. Estate

Kowloon, Hong Kong

Telephone: (852) 2752-3418

Facsimile: (852) 2897-4890

香港九龍將軍澳工業邨西康道8號4樓

## INVOICE

Messrs. The Repton Group LLC

399 Park Avenue, 26th Floor,

New York, NY 10022, USA

Attn: Agostino von Hassell

Invoice No. 0609004B

Date: 4 September 2006

Quantity	Description	Unit Price	Amount
No.P/617971+A	Film Making & Printing For :-		
No.P/810056	Military High Life		
No.P/124523	5,000cps		US\$ 21,750.00
	Run-on 40 copies		US\$ 140.00
	Barcode for Cover		US\$ 8.00
	Film correction on July 30		US\$ 182.00
	Courier 40 copies to 4 destination		US\$ 400.00
	1,000 copies sea-freight to Portugal		US\$ 350.00
U. S. DOLLARS TWENTY-TWO THOUSAND EIGHT HUNDRED THIRTY ONLY. TOTAL			US\$ 22,830.00

For and on behalf of  
**Rainbow Graphic & Printing Co., Ltd.**

Terms of Payment ~~XXXXXXXXXXXXXXXXXXXX~~ days from the above date/C.O.D.

Interest of 1% per month will be charged to all overdue amount.

Cheque should be crossed and paid to the order of **Rainbow Graphic & Printing Co., Ltd.**

*Agostino von Hassell*